

Strategies & Tactics

Chronic Disease Management & e-Health Program Priorities

Standards Collaborative Partnership Conference

Toronto, Ontario

April 07, 2008



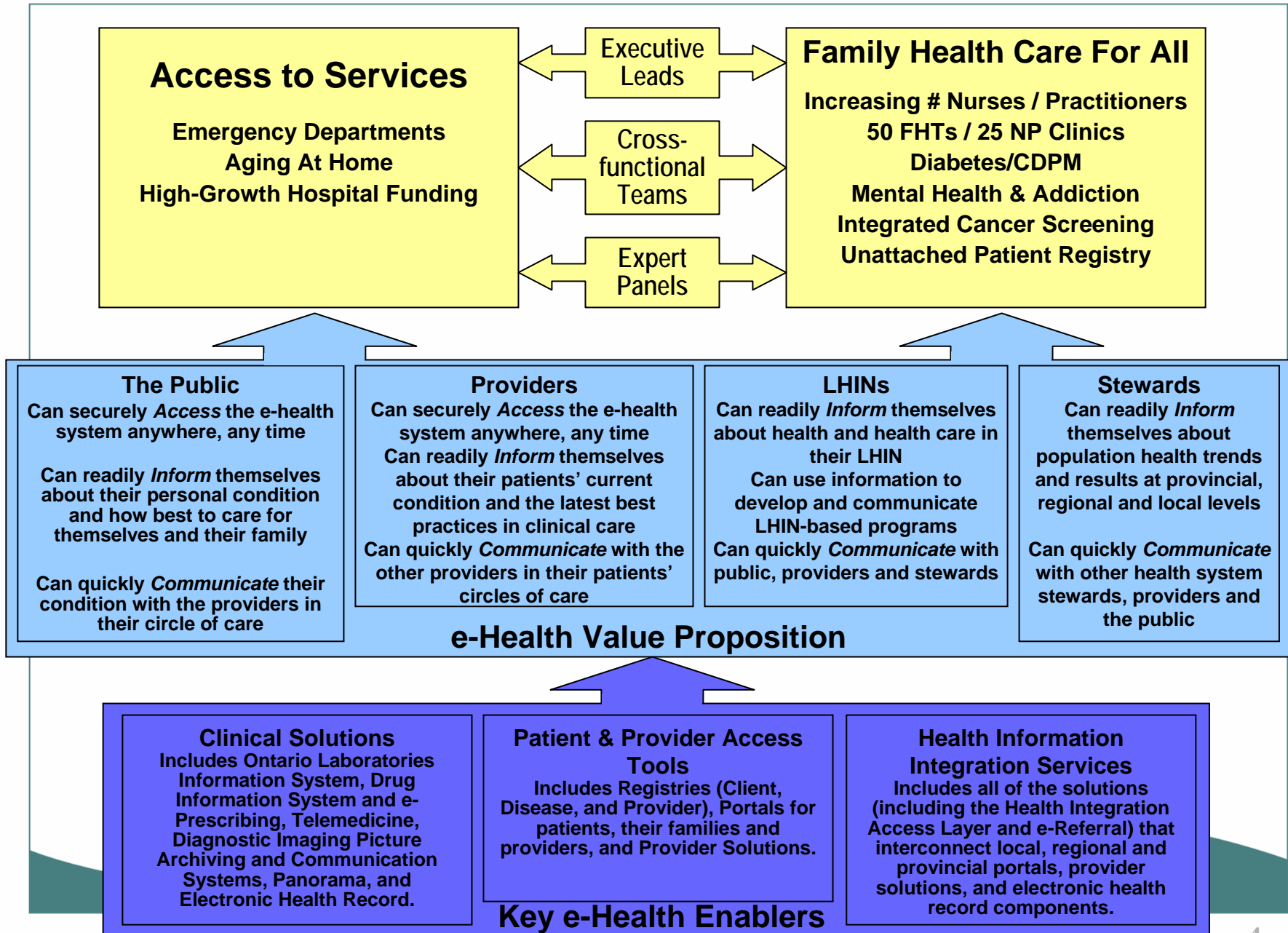
Presentation Overview

- Strategy Framework and Overview
- Immediate Priorities
- Changes in the Strategic Approach
- Changes in Tactical Approach
- Critical Next Steps

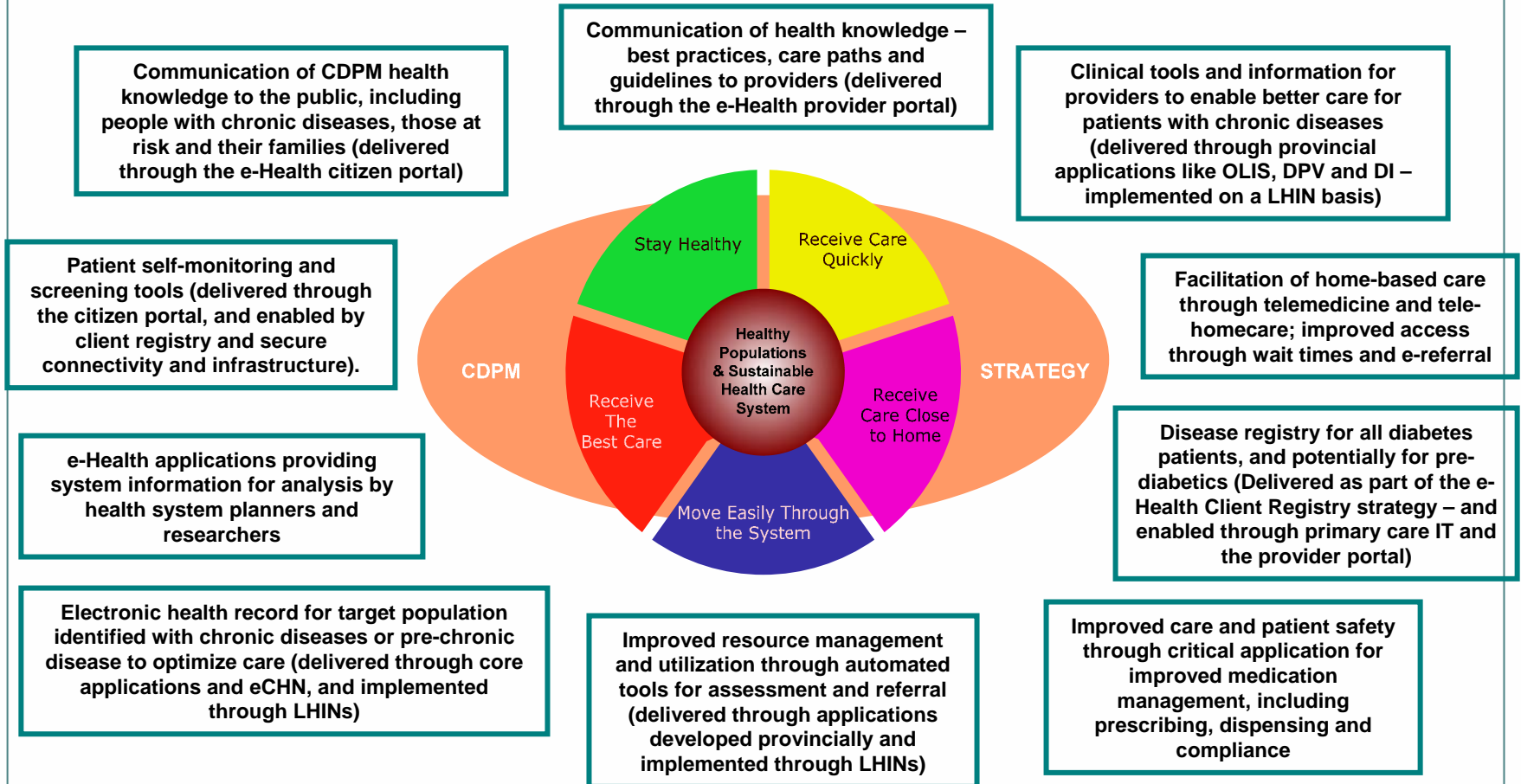
Ontario's e-Health Strategy's purpose is... health

- Health system transformation is crucial to meeting Ontario's health needs in the 21st century. The business imperative underlying the e-Health Strategy is improved health and health care for Ontarians.
- Implementation of an e-Health strategy involves systemic change in how health and health care are managed in Ontario.
- Prospective government commitments now provide clear direction for moving forward – and the opportunity to use e-Health as an enabler to meet key objectives:
 - ***“Help the growing number of Ontarians living with diabetes through a mix of prevention, technology, personal planning and access to specialized resources and health professionals.” ****
 - ***“Create an electronic health record by 2015 and give Ontarians control over the information contained in it.” ****

e-Health Provides Value for Patients & Providers



Aligning with Ontario's CDPM Strategy



Immediate Strategic Priorities

- Complete / expand critical clinical application systems
- Improve Physician engagement
- Enable CDPM through 3 key enablers
 - Ontario Diabetes Registry
 - Integrated Clinical Viewer for Providers
 - e-Prescribing and Drug Information Systems

Ontario Diabetes Registry – Business Requirements

- Integrated Diabetes Clinical Management Application
- Web-enabled for access by health care providers, patients and their families
- Initial target of all diabetics; potential long-term inclusion of pre-diabetics
- Consists of 4 major components:
 - Identification Component to identify diabetics and provide basic demographic information
 - Clinical Repository of standard personal health information to enable care management and provide a foundation for planning and system management
 - Patient self-monitoring & screening tools, health knowledge and education source for patients and their families
 - Decision support and care path tools for optimizing clinical care

Strategies for Implementing / Populating the Diabetes Registry

- Data Sources for the Diabetes Registry will include:
 - Local, Regional or Provincial EMR Systems (including eCHN and Primary Care)
 - Provincial Solutions (Labs, Drugs, Diagnostic Imaging)
 - Direct web-enabled entry by Providers and Patients & their families
- Ontario will likely procure a solution for a diabetes registry that is built upon models / solutions in other jurisdictions
- Could implement components in a phased approach; logical starting point would be the Identification component, although significant value does not accrue until other modules are implemented and the registry is used as an active tool in chronic disease management

Potential “Pre-Registry” Tools

- Potential exists to use existing repositories of personal health information to identify potential diabetes population
- Based upon approved clinical indicators
 - Laboratory Systems could generate list of potential population based upon HB1AC test results
 - Drug Systems could generate list of potential population based upon prescription history
- Necessary policy framework to support this use of personal health information must be resolved
- Actual identification of an individual in the Diabetes Registry is anticipated to involve patient consent and a decision made by a health care provider

e-Prescribing and Drug Information System

- Patients need a comprehensive medication history that is shareable among their care team and their families and that they can use for self-management and their providers can use to better manage their health
- The Drug System and facility for e-Prescribing ensure appropriate prescribing, accurate dispensing, avoidance of adverse drug interactions and improved patient safety
- Prescriptions can be delivered electronically to the pharmacy, reducing errors, duplication and delays
- Patients will know that their health care providers have all the information needed to ensure appropriate prescribing, accurate dispensing and improved patient safety

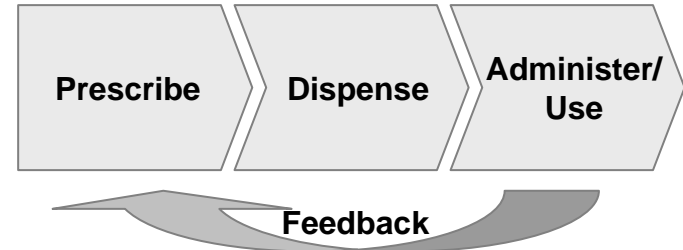
Proposed Medication Management Process

Current State



- Prescribers handwrite prescriptions with no automated access to guidelines
- Clinical decision-making is hindered by partial patient profiles and medication histories
- Pharmacists must interpret and transcribe poorly handwritten, paper prescriptions
- Paper-based profiles and medication histories are not shared with the healthcare team and patients
- Drug Utilization Review is done at dispensing event only and on partial medication record
- No performance management feedback loop

Future State



- Prescribers create electronic prescriptions that are stored and shared electronically; eliminating transcription step and associated errors
- Clinical decisions are informed by complete and shared patient profiles
- Clinical decision support tools are available at the point of prescribing and dispensing
- Drug Utilization Review (DUR) tools work on perform on all active prescriptions
- Patient will view and work with their medication profile
- Data is collected to inform quality and cost management

Integrated Clinical Viewer

- Health care providers need to access information simply and without having to go to multiple applications and sources
- An Integrated Clinical Viewer will provide access to all clinical information through a single point, allowing providers to see as complete a set of health information as possible on their patients
- Current applications that will provide information include labs, drugs and diagnostic imaging. This will expand as more information becomes available and will integrate over time into existing provider systems.
- Immediate priorities for expansion are the complete drug history, public health and immunization information and information from community care

Proposed Minimum Physician Capability

- Through the Integrated Clinical Viewer and the Provider Portal, physicians will:
 - Access Lab Test Results
 - Access the ODB Drug Profile Viewer and Drug Information System
 - Access Diagnostic Imaging Reports
 - Access the Diabetes Registry, including entering data on their patients and using this data for improved disease management
 - Communicate with other health care providers and with authorized patients and their families as a means of improved chronic disease management
 - Access clinical and administrative tools to improve efficiency and promote provider adoption
- As further e-Health solutions are implemented and mature, enhanced functionality for order entry, e-Prescribing and e-Referral will also be available through this channel
- Physicians with advanced systems and local capability will be able to take advantage of integration to their current systems

Changes in the Strategic Approach

- e-Health as an enabler of health system transformation
- e-Health Strategy is about health and health care – and not about technology
- People and their families
- Major focus on alignment of incentives and payment for performance
- Build on local innovation and expertise
- Enabled by a complete policy and standards framework

Changes in the Tactical Approach

- Build upon and ensure return on previous investments
- Multiple channels and options for key stakeholder groups
- “Lighter” touch options – portals and web-based applications
- Focus on standards and messaging approach vs. interfaces
- Improved discipline concerning project governance and gating

e-Health Strategy – Critical Next Steps

- Confirm approval of strategy and key directions
- Proceed through the legislative and policy process to provide the authority to establish unique identifiers for people and providers
- Work with Canada Health Infoway to secure funding for critical initiatives aligned with the e-Health Strategy
- Develop action plans in critical sub-strategy areas
- Continue to develop / refine LHIN Implementation and Deployment framework with LHIN partners